

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000073794

**Entity Name:** BRIDGEFIELD CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**2310 COMMERCE POINT DR  
LAKELAND, FL 33801**Current Mailing Address:**175 BERKELEY STREET  
BOSTON, MA 02116**FEI Number:** 59-3269531**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	CONDRIN, JAMES PD
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	ASEC
Name	KELLEY, KRISTIN L
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	DT
Name	LAURANCE, YAHIA HS
Address	175 BERKELEY ST
City-State-Zip:	BOSTON MA 02116

Title	D
Name	SIPE, CAROL P
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

Title	SECD
Name	LEGG, DEXTER R
Address	175 BERKELEY STREET
City-State-Zip:	BOSTON MA 02116

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTIN L. KELLEY**ASST. SECRETARY****04/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date